

Mark Registration Assignment

SDCL 37-6-17

State of South Dakota

FILING FEE: \$100.00 - please make check payable to the Secretary of State

1. Name of the Mark being assigned: _____

2. Date the registration was issued for the Mark in South Dakota _____

3. Assignor: _____

Address: _____ City: _____

County: _____ State: _____ Zip _____

Business Telephone Number: _____

4. Assignee: _____

Address: _____ City: _____

County: _____ State: _____ Zip _____

Business Telephone Number: _____

5. If a Corporation, where incorporated: _____

6. If a partnership, list name and address of partner(s): _____

7. Classification of Goods or Services Number: _____

8. Description of goods or services connected with Mark: _____

WHEREAS, the assignee is desirous of acquiring said Mark; WHEREAS, the assignor has adopted and used in its business and is the owner of the aforementioned Mark; and NOW, THEREFORE, To All Whom It May Concern: BE IT KNOWN THAT for and in consideration of the sum of _____ and other good and valuable consideration to it in

hand paid, the receipt of which is hereby acknowledged, said _____ by these
(Assignor)

presents does sell, assign and transfer unto the said _____ the entire right, title and
(Assignee)

interest in and to the said Mark and registration thereof, together with the good will of the business in which the Mark is used, or with that part of the good will of the business connected with the use of and symbolized by the Mark.

Dated: _____ By: _____

(Title)

ACKNOWLEDGMENT:

State of _____)
)§§
County of _____)

On this _____ day of _____, before me, _____ the
(Month/Year)

undersigned officer, personally appeared _____ known to me or satisfactorily proven to be the person who executed the foregoing instrument, and acknowledged that this person executed the same of his own free act and deed.

In witness whereof, I hereunto set my hand and official seal.

(SEAL)

Notary Public

My commission expires: _____

Return to:
SECRETARY OF STATE
State Capitol Building
500 East Capitol
Pierre, SD 57501
(605) 773-3539
e-mail sdsos@state.sd.us